

Partner Registration Form

COMPANY NAME:			
ADDRESS: Street Address	City	Province	Postal Code
WEBSITE:			
CONTACT NAME:			
PHONE NUMBER: EMAIL:			
NUMBER OF REPRESENTATIVES ATTENDI NAME OF FIRST ATTENDEE:			
NAME OF SECOND ATTENDEE:			(please print)
Conference Partner Selection			
☐ Presenting Partne	er 🗌	Signature	Partner
Partner Activation*			
Opening Ceremonies Welcoming Ceremonies Welcome Reception Conference Lanyards Delegate Bags Conference App Workshop Session(s) Additional Notes:		Active Morning Schunch Nutrition Break(s) Exhibitor Marketp Dance Spectacula Research Counci Other	olace Social ar I Forum
Exhibiting Partner			
Profit Organization \$ 750 Not-for-profit Organization \$ 700			
Billing Information Invoice Cheque (payable to PHE Canada)			
Credit Card: MasterCard Visa No		Exp/_	CVV #
Signature:			
*By completing this form, you are agreeing to the <u>Terms and Conditions</u> as set for Partners of the 2020 Physical and Health Education National Conference.			
2451 prom. Riverside Drive, Ottawa, ON, K1H 7X7 . info@phecanada.ca . 613-523-1348			